New Jersey Public Employment Relations Commission NON-POLICE AND FIRE

COLLECTIVE NEGOTIATIONS AGREEMENT SUMMARY FORM

Line	#					
	SECTION I: Parties a	nd Term of Contra	acts			
1	Public Employer: Tou	Public Employer: Town of Hammonton County: Atlantic				
2	Employee Organization	Employee Organization: Superior Officers Assoc. Number of Employees in Unit: 3				
3	Base Year Contract Ter	Base Year Contract Term: 12-31-2021 New Contract Term: 1-1-2018				
	SECTION II: Type of	Contract Settleme	ent (please check o	only one)		
4	Contract settl	Contract settled without neutral assistance				
5	Contract settl	Contract settled with assistance of mediator				
6	Contract settl	ed with assistance o	f fact-finder			
7	Contract settle	Contract settled with assistance of super-conciliator				
8	If contract was settled	in fact-finding, did t	he fact-finder issue a	report with recomm	mendations?	
	Yes No	I				
	SECTION III: Salary Base					
	The salary base is the cost of salaries in the final year of the expired or expiring agreement. This is the base cost from which the parties negotiate the salary increases.					pase cost from which
9	Salary Costs in Base Ye	ar	\$ 349,785.0	U		
10	Longevity Costs in Base	ongevity Costs in Base Year \$ 8600.00				
11	Total Salary Base		\$ 358,385.0	0		
	SECTION IV: Salary I	ncreases for Each	Year of New Agree	ement*		
		Year 1	Year 2	Year 3	Year 4	Year 5
12	Effective Date (month/day/year)	1-1-2018	1-1-2019	1-1-2020	1-1-5091	
13	Cost of Salary No Increments (\$)	2.43%	2.25%	2.25%	2.50%	
14	Salary Increase Above Increments (\$)					
15	Longevity Increase (\$)	300.00	300.00	300.00	300.00	
16	Total \$ Increase (sum of lines 13-15)					
17	New Salary Base (\$)	325,307.00	332,933.00	349424.00	349,785.00	
18	Percentage increase over prior year	.43 %	<u> </u>	<u> </u>	50 %	%
	*If contract duration is	lonaer than five vec	ars, please add an ad	ditional page.		

19	Item Description	Base Year Cost (\$)	Year 1 Increase (\$)	Year 2 Increase (\$)	Year 3 Increase (\$)	Year 4 Increase (\$)	Year 5 Increase (\$)
20	Totals(\$):						

^{*}If contract duration is longer than five years, please add an additional page.

	SECTION VI: Medical Costs	
		Base Year Year 1
21	Health Plan Cost	\$ 151,742.29 \$ 103,402.08
22	Prescription Plan Cost	\$ 18,536.00 \$ 16.760.18
23	Dental Plan Cost	\$ 21,137.20 \$ 2601.00
24	Vision Plan Cost	\$ 1032.37 \$ 938,52
25	Total Cost of Insurance	\$ 1 6,448, de \$ 83,701.78
26	Employee Insurance Contributions	\$ 31753.80 \$ 24,000.31
27	Employee Contributions as % of Total Insurance Cost	28.75% 28.75%

Send this completed and signed form along with an electronic copy of the contract and the signed certification form to: contracts@perc.state.nj.us

NJ Public Employment Relations Commission Conciliation and Arbitration PO Box 429

Trenton, NJ 08625

Position/Title:

Signature:

Date:

Phone: 609-292-9898

Revised 8/2016